

# City of Goodyear Benefits Summary Benefit Year July 1, 2006 - June 30, 2007



*The City of Goodyear provides insurance coverage for all regular, full-time employees only.*

## **UNITED Healthcare**

Group # 709904

### **MEMBER SERVICES**

Choice (HMO)—(800) 357-0971

Choice Plus (POS)—(866) 844-4864

[www.unitedhealthcare.com](http://www.unitedhealthcare.com)



The primary health insurance carrier for the City of Goodyear is United Healthcare. The City of Goodyear provides health insurance coverage for all regular, full-time employees and pays a large portion of the cost for dependent coverage under United Healthcare. All employees who choose to cover their dependents under the chosen United Healthcare Plan will have their dependent portion of the costs deducted from 24 paychecks over the Fiscal Year (see chart below for the employee's cost). The coverage you elect is effective the 1<sup>st</sup> of the month following your date of hire. Example: If you are hired on November 5<sup>th</sup>, coverage is effective on December 1<sup>st</sup>.

**The employee's cost for health insurance with United Healthcare is as follows:**

TYPE OF COVERAGE	CHOICE (HMO) Cost Per Pay Period	CHOICE PLUS (POS) Cost Per Pay Period
Employee Only	\$0	\$9.96
Employee+Spouse	\$51.07	\$88.05
Employee+Child(ren)	\$36.28	\$62.55
Family Coverage	\$63.09	\$108.77

### **General Summary of Benefits by Plan**

This list is a brief summary of benefits and a general description of benefits under each Plan. It does not list all benefits included under the Plans. The Plans contain limitations and restrictions, which are described in the Plan Booklets and could reduce the benefits payable under the Plans. See the detailed description in each Plan to determine what expenses are covered and what benefits will be payable.

For specific eligibility and plan questions, please call UnitedHealthcare Member Services at numbers listed below.

SERVICE	CHOICE (HMO) 800-357-0971	CHOICE PLUS (POS) 866-844-4864
<b>General Differences Between the Plans</b>	<ul style="list-style-type: none"> <li>• <b>Must use in-network facilities, hospitals and physicians</b></li> <li>• <b>Arizona Network Only-except for Emergencies</b></li> </ul>	<ul style="list-style-type: none"> <li>• May choose any physician in- or out-of-network and do not need referrals.</li> <li>• <b>In-network</b> benefits and copays same as HMO Plan. May self-refer within the network.</li> <li>• <b>Out-of-network</b> benefits subject to deductible, coinsurance, and fee schedule charge limitations. Some benefits may not be available or be limited by using out-of-network providers.</li> </ul>
<b>Annual Deductible</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b> \$ 500 individual \$1,000 family</li> </ul>
<b>Annual Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>• Plan is 100% after copay.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b> \$3,000 individual \$6,000 family (includes coinsurance but not deductible or charges in excess of fee schedule)</li> </ul>
<b>Physician Services</b> PCP Specialist	<ul style="list-style-type: none"> <li>• \$15 Copay per visit</li> <li>• \$25 Copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>- 30% of charges*</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• No charge after per office visit copay</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>- No coverage</li> </ul>
<b>Laboratory and Radiology Services</b>	<ul style="list-style-type: none"> <li>• No Charge</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>-30% of charges*</li> </ul>
<b>Maternity Care Services</b>  Initial Office Visit to Confirm Pregnancy  All subsequent Prenatal and Postnatal Visits and Delivery  Delivery—Facility charges (inpatient hospital, birthing center)	<ul style="list-style-type: none"> <li>• Office visit copay (\$15 for PCP or \$25 for OB/GYN)</li> <li>• No Charge</li> <li>• \$250 copay per admission</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>--30% of charges*</li> </ul> <p>NOTE: Delivery facility charges are subject to a \$500 per admission deductible and plan deductible</p>
<b>Infertility Treatment</b>	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>
<b>Inpatient Hospital -Facility Services</b>	<ul style="list-style-type: none"> <li>• \$250 Copay per admission</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>-30% of charges*</li> </ul>
<b>Outpatient Facility Services</b> <i>includes operating room, recovery room, procedure room, and treatment room</i>	<ul style="list-style-type: none"> <li>• No copayment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>- 30% of charges*</li> </ul>
<b>Inpatient/Outpatient Professional Services</b> <i>includes surgeon, radiologist, pathologist anesthesiologist</i>	<ul style="list-style-type: none"> <li>• No Charge</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b>- 30% of charges*</li> </ul>
<b>Emergency Room</b>	<ul style="list-style-type: none"> <li>• \$ 75 Copay (copay waived if admitted)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b></li> </ul>

SERVICE	CHOICE (HMO) 800-357-0971	CHOICE PLUS (POS) 866-844-4864
		Same as in-network
<b>Urgent Care Facility or Outpatient Facility</b>	<ul style="list-style-type: none"> <li>\$ 35 Copay (copay waived if admitted)</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b>—30% of charges*</li> </ul>
<b>Ambulance</b> If not a true emergency, services are not covered.	<ul style="list-style-type: none"> <li>No Charge</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b> Same as in-network</li> </ul>
<b>Outpatient Short-Term Rehabilitative Therapy</b> (includes Cardiac rehab, Physical/ Speech/ Occupational Therapies)	<ul style="list-style-type: none"> <li>\$15 copay per visit</li> <li>Network and Non-Network Benefits are limited as follows: 20 visits of physical therapy; 20 visits of occupational therapy; 20 visits of speech therapy; 20 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation per calendar year.</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b>—30% of charges*</li> <li>Network and Non-Network Benefits are limited as follows: 20 visits of physical therapy; 20 visits of occupational therapy; 20 visits of speech therapy; 20 visits of pulmonary rehabilitation; and 36 visits of cardiac rehabilitation per calendar year.</li> </ul>
<b>Chiropractic Services</b>	<ul style="list-style-type: none"> <li>\$25 copay per visit- limited to 24 visits per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>Chiropractic out of network subject to deductible and coinsurance and limited to 12 visits per year</li> </ul>
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>100% Coverage up to \$2,500 maximum per contract year</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b>--Not covered</li> </ul>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>100% Coverage up to 60 days per contract year (combined in and out of network)</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b>--30% of charges* (combined in and out of network day limit)</li> </ul>
<b>Organ Transplants</b> (Includes all medically appropriate, non-experimental transplants) Office Visit Inpatient Facility Inpatient Physician's Services Travel Maximum	<ul style="list-style-type: none"> <li>\$25 per office visit copay</li> <li>\$250 per admission copay</li> <li>No Charge</li> <li>\$10,000 per transplant/per Lifetime</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b> Subject deductible and coinsurance. Benefits limited to \$30,000 per transplant.</li> </ul>
<b>Substance Abuse (SA) and Detox Services</b> Inpatient  <b>Mental Health (MH) and SA Services</b> Inpatient Services ( 30 day max per year; includes SA rehab days) Outpatient MH Individual Services (20 visits max per year, combined in/out network) Outpatient MH & SA Group Therapy ( 20 visits max per year combined)	<ul style="list-style-type: none"> <li>\$250 per admission copay</li> <li>\$250 per admission</li> <li>\$25 per visit copay</li> <li>\$20 per session copay</li> </ul>	<ul style="list-style-type: none"> <li><b>In-network</b>—same as HMO Plan</li> <li><b>Out-of-network</b>--30% of charges*</li> </ul>

SERVICE	CHOICE (HMO) 800-357-0971	CHOICE PLUS (POS) 866-844-4864
Outpatient SA rehab Individual Services (20 visits max per year)	<ul style="list-style-type: none"> <li>• \$25 per visit copay</li> </ul>	
<b>Prescription Drugs</b>  <b>From Network Retail Pharmacies (30 day supply)</b>          <b>Mail Order Plan (90 day supply)</b>	<ul style="list-style-type: none"> <li>• \$10/\$20/\$40—generic/preferred brand name/non-preferred brand name (per prescription/refill)</li> <li>• \$20/\$40/\$80—generic/preferred brand name/non-preferred brand name (per prescription/refill)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b> Not covered</li> <li>• <b>In-network</b>—same as HMO Plan</li> <li>• <b>Out-of-network</b> Not covered</li> </ul>

*\*Subject to annual deductible and fee schedule for out-of-network services.*

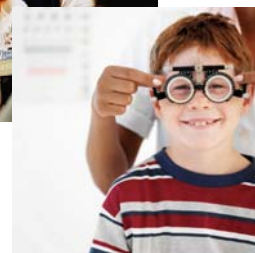
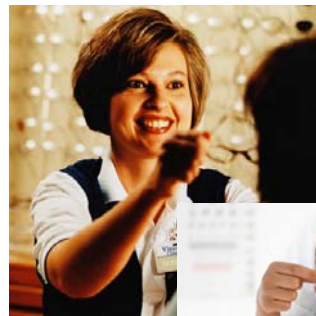
## **Vision Care: Guardian - Visionguard VSP Plan**

Plan #G-370025

MEMBER SERVICES: 1-800-VSP-7195 or <http://www.vsp.com>

The employee's cost for vision is as follows:

Vision Plan – Guardian – VSP	
Type of Coverage	Cost Per Pay Period
Employee Only	\$3.50
Employee + Spouse	\$5.89
Employee + Child(ren)	\$6.00
Family	\$9.50



### **Benefits:**

- ✓ Copay amounts: \$10.00 Exams/ \$25.00 Materials
- ✓ Eye Examinations: Covered in full every 12 months less the \$10.00 copay
- ✓ Purchase of frames that are not fully covered under the network offered at discount price based on wholesale prices.
- ✓ Glasses (Lenses) covered in full less copay every 12 months and (Frames) paid in full less copay every 24 months, or
- ✓ Contact Lenses (in lieu of glasses) – 15% discount off the contact lens exam plus a \$105 allowance every 12 months
- ✓ Discounts on an extra pair of Glasses & Contact Lenses

## **Basic Life/AD & D Insurance: Guardian**

Plan #G-406111

Member Services: 1-800-525-GLIC or 1-800-525-4542

Basic life insurance through this plan is provided for all regular, full-time employees.

*THIS COVERAGE IS PAID FOR BY THE CITY OF GOODYEAR AND IS OFFERED AT NO COST FOR THE EMPLOYEE*

### **Benefits:**

- ✓ Benefit of 2X (times) your salary rounded to the next higher \$1,000.00 up to a maximum of \$200,000 is paid for by the City of Goodyear and is offered at no cost to the employee.  
***Example: earn \$25,000 X 2 = \$50,000 basic life benefit***
- ✓ Your spouse has term life insurance coverage paid in the amount of \$2,000.
- ✓ Your dependent children(ren) are provided term life insurance coverage at no cost to the employee in the following amounts: age 14 days to six months--\$100; age six months to 20 ( 26 if a full-time student)--\$1,000.
- ✓ Accidental Death and Dismemberment insurance on the employee is provided in an amount equal to the employee's basic life benefit



## **Optional - Voluntary Life Insurance: Guardian**

Plan #G-406111

- ✓ Employees can elect additional voluntary life insurance upon hire and during the annual open enrollment period. If the employee elects coverage, coverage for spouse and children is also an option. If elected, you only pay a total of \$.95 per pay period for \$10,000 in coverage for child(ren). Certain maximum limits apply. Evidence of Insurability may be required.
- ✓ The employee pays the full premium for the elected additional voluntary life insurance.

## **Short Term Disability (STD) Insurance: Guardian**

Plan #G-406111

### **Benefits:**

- ✓ For non-work related injuries/illness only
- ✓ Begins after you are unable to work for 14 days
- ✓ Benefits begin on the 15th day for accident and/or sickness
- ✓ 60% of weekly earnings up to a maximum benefit of \$1,000.00/week
- ✓ Maximum duration for STD benefits is 26 weeks



## **Dental Insurance: Cigna**

Group #G-3208752

Member Services (800) 832-3211

The employee's cost is as follows:

Type of Coverage	Cost Per Pay Period
Employee Only	-0-
Employee + Spouse	\$9.11
Employee + Child(ren)	\$12.86
Family	\$16.95



### **Benefits:**

Dental Plan is a PPO—benefits differ depending on the type of dental service received and whether an in-network or out-of-network provider is used.

- ✓ **\$1,500 maximum benefit/year\*** for each family member for **In-network**.
- ✓ **\$1,500 maximum benefit/year\*** for each family member for **Out-of-network**.
- ✓ **\$1,500 lifetime orthodontic maximum:** orthodontia benefit is only for covered dependent children who are less than 19 years old when the active orthodontic appliance is first placed
- ✓ You must **enroll within the first 30 days** of employment or wait until next open enrollment

\* Benefits, other than preventive, subject to deductible and coinsurance. Annual deductibles and maximums are based on a calendar year.



### **Commuter Insurance – Life Insurance**

The City of Goodyear began providing all regular, full-time employees a \$200,000 commuting insurance policy. **The policy covers employees who travel on City business.** Examples include travel between City facilities, to and from conferences or meetings, air travel to a City authorized function, etc. The policy will pay a reduced benefit for loss of body parts in an accident. This is an accident policy only. Benefits will not be paid for loss caused by, or resulting from illness, disease or bodily infirmity.



### **Business Trip Insurance – Life Insurance**

The City of Goodyear pays for \$250,000 of Business Trip life/disability insurance for each of our employees who travels on business between locations. This includes trips between City facilities. This coverage excludes travel from home to the work and from the work to home.

*THIS COVERAGE IS PAID FOR BY THE CITY OF GOODYEAR AND IS OFFERED AT NO COST TO THE EMPLOYEE*

### **Fire Service Personnel Only:**

The City of Goodyear provides all eligible uniformed fire service personnel a \$50,000 AD&D/Illness insurance policy. This policy provides benefits for covered activities, including \$10,000 accidental medical, a weekly disability benefit paying \$200 per week for the first 28 days, and up to \$600 a week, thereafter.

*THIS COVERAGE IS PAID FOR BY THE CITY OF GOODYEAR AND IS OFFERED AT NO COST TO THE EMPLOYEE*

### **Pre-Tax Health Benefit Premiums and Flexible Spending Accounts (HealthCare and Dependent Care)**



The City of Goodyear allows employees to pay their share of health benefit premiums with pre-tax dollars as permitted by the Internal Revenue Service (IRS) under Internal Revenue Code Section 125. The City of Goodyear also offers employees the option to sign up for flexible spending accounts giving them the opportunity to set aside pre-tax dollars for un-reimbursed health care expenses and eligible dependent care expenses as allowed by the IRS. The expenses must be incurred during the benefit year (July 1-June 30) to be eligible for reimbursement. The employee must submit receipts and claim forms to the City's designated plan administrator for reimbursement of eligible expenses within 90 days of benefit year end or any remaining flexible spending account balance(s) will be forfeited.

## **457 Deferred Compensation Plans**

Employees are eligible to participate in **voluntary** 457 Deferred Compensation Plans through ICMA and/or Nationwide. These plans allow employees to save **pre-tax contributions** through payroll deduction. Although the City does not match the employee's contributions, the 457 plans offer many advantages:

- ❖ You reduce your current income taxes while you boost your retirement savings.
- ❖ Your savings accumulate tax-deferred.
- ❖ They're portable. You can move your savings to another public sector employer's 457 plan.
- ❖ You can dollar-cost average through convenient payroll deductions.

Enrollment and change forms may be obtained from the Human Resources Department. You may enroll, make changes or cancel the 457 Deferred Compensation Plans at any time. In addition, you may access your account(s) on-line.



### **457 Contribution Schedule**

YEAR	Maximum Contribution
2007	\$15,500

The maximum allowed for employees to contribute into a 457 Deferred Compensation Plan effective in 2006 is \$15,500. There are provisions for "Catch-Up" where the maximum is increased to \$20,500 per year, if the employee is over the age of 50, and if you are within 3 years of retirement, the Maximum Contribution amount raises to \$31,000 per year.

## **Sick Leave:**

Sick leave accruals begin on the employees first day of employment. Full-time regular employees accrue sick leave at a rate of 3.70 hours per pay period. Employees with a 56-hour workweek accrue sick leave at a rate of 5.18 hours and can accumulate a maximum of 90 days. Sick leave may be used for the employee's illness or for the illness of an immediate family member. A portion of an employee's sick leave (up to 60 days) is paid upon separation of employment to employees with 10 years of continuous service with the City.

## **Bereavement Leave:**

Immediate Family Member: An employee may be authorized to use up to three (3) days of City-paid funeral leave per occurrence to attend the funeral of an immediate family member. Two (2) additional days will be given for funerals requiring out of state travel.

Employee's Extended Family: An employee may be authorized to use up to one (1) day of City-paid funeral leave per occurrence to attend the funeral of any member of the employee's extended family. This day may only be utilized on the date of burial or memorial service.

## **Vacation Leave:**

Vacation accrual depends upon position and length of service. Regular full-time employees accrue 3.08 hours of vacation leave per pay period (2 weeks per year) for the first two years of service.



## **Uniform Allowance:**

The Police Department/Fire Department employees will receive a uniform allowance, which is paid quarterly. Please see your supervisor about the corresponding dollar amount for your position. Public Works/Water Service employees are issued uniform shirts/pants from a uniform service. The uniform service picks up uniforms for laundry each week.



## **Holidays:**



The City provides eleven paid holidays a year as follows:

- New Years Day
- Presidents Day
- Martin Luther King, Jr./Civil Rights Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Day
- One Floating Holiday (per calendar year)

## **Arizona State Retirement System (ASRS):**

***In accordance with Arizona State Statute, all eligible employees are required to participate in this plan, along with Social Security.***

The employee contributes 8.60% of their gross pay (pre-tax) for state retirement and .50% (post-tax) for long-term disability, which is matched by the City. If you choose to withdraw your money upon termination, you will receive what you have contributed plus interest (ASRS has paid 8% interest since 1985). You will not receive any money the City has contributed if you have less than five years of credited service. You will receive a portion of the City's contributions at the following time increments:



Years of Credited Service	City's Contribution You Will Receive
5 – 5.9	25%
6 – 6.9	40%
7 – 7.9	55%
8 – 8.9	70%
9 – 9.9	85%
10+	100%

Visit the Arizona State Retirement website at [www.asrs.state.az.us](http://www.asrs.state.az.us)

## **Public Safety Personnel Retirement System (PSPRS):**

***In accordance with Arizona State Statute, all eligible Police employees are required to participate in this plan, along with Social Security; eligible Fire employees, however, are exempt from paying Social Security.***

The employee contributes 7.65% of their gross pay (pre-tax). The City pays 11.79% for Police employees, and 9.17% for Fire employees. If you choose to withdraw your money upon termination, you will receive only what you have contributed. You will not receive any money the City has contributed if you have less than five years of credited service. You will receive a portion of the City's contribution at the following time increments:

Years of Credited Service	City's Contribution You Will Receive
5 – 5.9	25%
6 – 6.9	40%
7 – 7.9	55%
8 – 8.9	70%
9 – 9.9	85%
10+	100%

Visit the Public Safety Personnel Retirement System website at [www.psprs.com](http://www.psprs.com)